



The Dental Digest

Mississippi State Board of Dental Examiners

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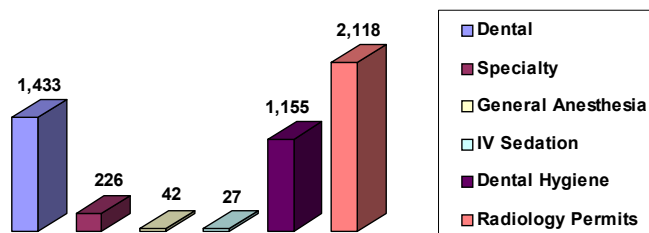
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The Mississippi State Board of Dental Examiners is charged with the responsibilities of examining, licensing, registering, and regulating dentistry and dental hygiene to ensure competency and ethics among all dental professionals in the State of Mississippi, for the ultimate goal of safeguarding and enhancing the health and welfare of the citizens of this State. As such, the Board is neither affiliated with nor functions as a subsidiary of any private or professional organization.

Welcome to the June 2004 edition of the Dental Digest. The primary focus of this edition will be amendments made to Board Regulation 29 (administration of anesthesia). These amendments, as well as amendments to Board Regulation 14 (candidate participation in the licensure examination) are featured in our "Regulation Highlight" section. Inasmuch as the amendments to Board Regulation 29 were extensive and since the Board has created a third level of anesthesia permit entitled Enteral Conscious Sedation Permit, the Q&A section concerning this regulation will be quite informative for our licensees. As always, you will want to review "Things to Note," as this section contains a variety of information useful to our licensees and permit holders. Additionally, the Board's forms, laws, regulations, newsletters, examination manuals, databases, statistics, frequently asked questions, etc., may be found on our web site (<http://www.msbde.state.ms.us>). Enjoy the newsletter, and, as always, feel free to contact our office if you have any questions.

Licensee Statistics as of 06/30/2004



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REGULATION HIGHLIGHT

As part of its legislatively-mandated regulatory responsibilities, the MSBDE must enforce the laws of this State and enact any regulations necessary to ensure consistent and ethical compliance with these laws. Accordingly, when deemed appropriate and as a means of establishing uniform policies for all dental professionals in Mississippi, the MSBDE enacts and/or amends regulations. Whenever a regulation is enacted or amended, it must be filed immediately with the Mississippi Secretary of State and is not considered approved until thirty (30) days after filing. At that time, a "final filing" must be effected with the Mississippi Secretary of State, and the adopted or amended regulation becomes final thirty (30) days after that filing date.

As a regular feature of the Dental Digest, the MSBDE highlights regulations that have been amended/enacted. Since the June 2003 newsletter, the MSBDE has amended Regulations 14 and 29. When possible, regulations have been reprinted in their entirety; however, depending on the amendments, a synopsis for some regulations may be provided for your review. A fee of \$10.00 per copy is charged for bound copies of the Mississippi Dental Practice Act and the Board's rules and regulations; however, copies of individual regulations may be obtained by calling or writing the Board's office. Also, copies of the Board's laws and regulations may be obtained on its web site (<http://www.msbde.state.ms.us>) either in Adobe Acrobat or HTML format. Just click on the "Laws & Regulations" button and select how you wish to view or print a current copy of the Board's laws and regulations.

BOARD REGULATION NUMBER 14 CANDIDATE PARTICIPATION IN LICENSURE EXAMINATION

On November 21, 2003, the Board amended Regulation 14 concerning dental candidates who pass the Mississippi licensure examination but who have not yet passed Part II of the National Board. These candidates must pass Part II on or before December 31 of the same year in which they pass the Mississippi licensure examination; otherwise, their licensure examination scores shall expire on January 1, and they must pass another Mississippi licensure examination to receive a Mississippi dental license. However, candidates who are enrolled and actively participating in dental residency programs accredited by the American Dental Association

during this same time period and who have not passed Part II on or before December 31 of that same year, shall not have their scores voided on January 1, but shall be allowed additional time for the Board to be in receipt of proof of passing Part II, such additional time period not to extend beyond the first day of the date established for the next regularly scheduled Mississippi licensure examination. If proof of passing Part II has not been received by the Board on or before the first day of the date established for the next regularly scheduled Mississippi licensure examination, the scores for the previous year's Mississippi licensure examination shall expire, and these candidates shall be required to pass another Mississippi licensure examination in order to become licensed in this State. This regulation is not being reprinted in this newsletter but is available on the Board's web site (<http://www.msbde.state.ms.us>).

BOARD REGULATION 29 ADMINISTRATION OF ANESTHESIA

On March 5, 2004, the Board adopted major amendments to Regulation 29. This regulation is being reprinted in its entirety in this newsletter.

Purpose: Pursuant to Miss. Code Ann. § 73-9-13, to promulgate rules for the administration of anesthesia in the dental office to allow dentists to provide patients with the benefits of anxiety and pain control in a safe and efficacious manner.

1. Definitions of Terminology Used Herein

- a. **Analgesia** - the diminution or elimination of pain.
- b. **Anxiolysis** - pharmacological reduction of anxiety through the administration of a minor tranquilizer, which allows for uninterrupted interactive ability in a totally awake patient with no compromise in the ability to maintain a patent airway continuously and without assistance.
- c. **Direct Supervision** - the dentist responsible for the sedation/anesthesia procedure shall be physically present in the office and shall be continuously aware of the patient's physical status and well being.
- d. **Anti-Anxiety Sedative** - a sedative agent administered in a dosage intended to reduce anxiety without diminishing consciousness or protective reflexes.
- e. **Behavioral Management** - the use of pharmacological or psychological techniques, singly or in combination, to modify behavior to a level that dental treatment can be performed effectively and efficiently.
- f. **Competent** - displaying special skill or knowledge derived from training and experience.
- g. **Facility** - the office where a permit holder practices dentistry and provides anesthesia/sedation services.
- h. **Facility Inspection** - an on-site inspection to determine if a facility where the applicant proposes to provide anesthesia/sedation is supplied, equipped, staffed and maintained in a condition to support provision of anesthesia/sedation services that meet the minimum standard of care; may be required by the Board prior to the issuance of a sedation/anesthesia permit or any time during the term of the permit.
- i. **Immediately Available** - on-site in the facility and available for immediate use.
- j. **May** - indicates freedom or liberty to follow a reasonable alternative.

- k. **Minor Psychosedative** - pharmacological agents which allow for uninterrupted interactive ability in a patient with no compromise in the ability to maintain a patent airway continuously and without assistance and carry a margin of safety wide enough to render unintended loss of consciousness unlikely.
- l. **Must or Shall** - indicates an imperative need or duty or both; an essential or indispensable item; mandatory.
- m. **Protective Reflexes** - includes the ability to swallow and cough.
- n. **Vested Adult** - a responsible adult who is the legal parent or guardian, or designee of a legal parent or guardian, entrusted with the care of a patient following the administration of anxiolysis, general anesthesia, or conscious sedation.
- o. **Local Anesthesia** - the elimination of sensations, especially pain, in one part of the body by the regional application or injection of a drug.
- p. **Conscious Sedation** - a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, and that is produced by pharmacologic or non-pharmacologic agents, or a combination thereof. In accordance with this particular definition, the drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely (also see definitions for items r., s., t., and u.).
- q. **Nitrous-Oxide Inhalation Anxiolysis** - the inhalational use of nitrous oxide for anxiolysis and/or analgesia.
- r. **Combination Inhalation Enteral Anxiolysis** - when nitrous-oxide is used in combination with an enteral agent with the intent of achieving anxiolysis only, and the appropriate dosage of agents is administered.
- s. **Enteral Conscious Sedation** - sedation that is achieved by administration of pharmacological agents through the alimentary tract either orally or rectally for conscious sedation administered primarily for behavioral management.
- t. **Parenteral Conscious Sedation** - the intravenous, intramuscular, subcutaneous, submucosal, intranasal, or transdermal administration of pharmacological agents with the intent to obtain a depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal commands.
- u. **General Anesthesia** - the intended controlled state of depressed consciousness produced by pharmacologic agents and accompanied by a partial or complete loss of protective reflexes, including the ability to maintain an airway and respond purposefully to physical stimulation or verbal commands.

2. General Guidelines for Using Anesthesia

- a. Any person licensed to practice dentistry in the State of Mississippi shall be authorized to use anesthesia in accordance with the provisions of this section.
- b. All drugs utilized by licensed dentists for anxiolysis, enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia shall be selected and utilized in accordance with the drug manufacturer's guidelines as set forth in Food and Drug Admin-

istration (hereinafter referred to as "FDA") approved labeling or peer-reviewed scientific literature, including, but not limited to, indications of usage, dosage amounts, and safety requirements for each drug so utilized.

- c. A licensed dentist may employ or work in conjunction with a qualified anesthesiologist or Certified Registered Nurse Anesthetist (hereinafter referred to as "CRNA") who is a member of the anesthesiology staff in an accredited hospital, provided that such anesthesiologist or CRNA remains on the premises of the dental facility until any patient given any level of anesthetic requiring a permit regains consciousness and is discharged.
- d. When a CRNA is permitted to function under the supervision of a dentist, administration of enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia by a CRNA shall require the operating dentist to have completed training in enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia commensurate with these guidelines.
- e. Appropriate safety training and equipment for each drug utilized will be required.

3. Board Permits Not Required

For the following, Board permits are not required:

- a. **Local Anesthesia.** All licensed dentists are herein authorized to use local anesthesia.
- b. **Nitrous-Oxide Inhalation Anxiolysis.** A licensed dentist may employ or use nitrous-oxide inhalation anxiolysis on an outpatient basis for dental patients without making application to the Board, provided such dentist satisfies one or more of the following criteria prior to administration of nitrous-oxide inhalation anxiolysis:
 - (1) Completion of not less than a two-day course of training as described in the American Dental Association's (hereinafter referred to as "ADA") "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry," or its equivalent.
 - (2) Completion of training equivalent to that described above while a student in an ADA-accredited undergraduate dental school program.
- c. **Combination Inhalation Enteral Anxiolysis.** A licensed dentist may employ or use combination inhalation enteral anxiolysis on an outpatient basis for dental patients without making application to the Board, i.e., the use of nitrous-oxide in combination with other agents to produce anxiolysis within appropriate dosages.

4. Board Permits Required

For the following, Board permits are required:

- a. **Enteral Conscious Sedation.** No licensed dentist shall use enteral conscious sedation in his/her office on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board, i.e., inhalation agents and/or multiple doses of oral medications attempting to achieve a level of sedation beyond anxiolysis.
- b. **Parenteral Conscious Sedation.** No licensed dentist shall use parenteral conscious sedation in his/her office on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board.

The issuance of a permit for parenteral conscious sedation shall include the privileges of administering enteral conscious sedation in accordance with the provisions of this section.

- c. **General Anesthesia.** No licensed dentist shall use general anesthesia in his/her office on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board. The issuance of a permit for general anesthesia shall include the privileges of administering parenteral conscious sedation and enteral conscious sedation in accordance with the provisions of this section.

5. Criteria and Application for Anesthesia Permits

- a. **Enteral Conscious Sedation.** A permit is required prior to administration of enteral conscious sedation, and in order to receive such permit, the dentist must do the following:
 - (1) Apply on a prescribed application form to the Board;
 - (2) Submit the specified application fee as stipulated in Section 10 of this regulation;
 - (3) Produce evidence of a current Advanced Cardiac Life Support (hereinafter referred to as "ACLS") certificate, or a certificate from a Board-approved course; and
 - (4) Provide evidence of one or more of the following:
 - (a) Completion of formal training, sponsored by or affiliated with a university, teaching hospital, or other facility approved by the Board or part of the undergraduate curriculum of an accredited dental school, in the use of enteral conscious sedation, and certification by the institution wherein the training was received to be competent in the administration of enteral conscious sedation. Such certification shall specify the type, number of hours, and length of training. The minimum number of didactic hours shall be sixty (60), and the minimum number of patient cases shall be ten (10). The training program must include physical evaluation, enteral conscious sedation, airway management monitoring, emergency management, and ACLS or a Board-approved equivalent. The preceding is necessary for recognition of the formal training program.
 - (b) Completion of a comprehensive training program in enteral conscious sedation that satisfies the requirements described in Parts I and III of the ADA's - "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry" at the time training was commenced.
 - (c) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage enteral conscious sedation, commensurate with these guidelines.
 - (d) Until January 1, 2005, fulfillment of all requirements for grandfathering concerning administration of enteral conscious sedation by successfully completing an appropriate examination which includes:
 - (i) Demonstration of five (5) or more years of routinely administering en-

teral conscious sedation immediately prior to making application for an enteral conscious sedation permit;

- (ii) Discussion and review of three (3) cases including anesthetic technique;
- (iii) Review of records; and
- (iv) Demonstration of managing emergencies.

b. **Parenteral Conscious Sedation.** A permit is required prior to administration of parenteral conscious sedation, and in order to receive such permit, the dentist must do the following:

- (1) Apply on a prescribed application form to the Board;
- (2) Submit the specified application fee as stipulated in Section 10 of this regulation;
- (3) Produce evidence of a current ACLS certificate, or a certificate from a Board-approved course; and
- (4) Provide evidence of one or more of the following:

- (a) Completion of formal training, sponsored by or affiliated with a university, teaching hospital, or other facility approved by the Board or part of the undergraduate curriculum of an accredited dental school, in the use of parenteral conscious sedation, and certification by the institution wherein the training was received to be competent in the administration of parenteral conscious sedation. Such certification shall specify the type, number of hours, and length of training. The minimum number of didactic hours shall be sixty (60), and the minimum number of patient contact hours shall be twenty (20). The preceding is necessary for recognition of the formal training program.

- (b) Completion of a comprehensive training program in parenteral conscious sedation that satisfies the requirements described in Parts I and III of the ADA's "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry" at the time training was commenced.

- (c) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage parenteral conscious sedation, commensurate with these guidelines.

c. **General Anesthesia.** A permit is required prior to administration of general anesthesia, and in order to receive such permit, the dentist must do the following:

- (1) Apply on a prescribed application form to the Board;
- (2) Submit the specified application fee as stipulated in Section 10 of this regulation;
- (3) Produce evidence of a current ACLS certificate, or a certificate from a Board-approved course; and
- (4) Provide evidence of one or more of the following:

- (a) Completion of an advanced training program in anesthesia and related academic subjects beyond the undergraduate dental curriculum that satisfies the requirements described in Parts I, II,

and III of the ADA's "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry" at the time training was commenced.

- (b) Completion of an ADA-accredited post-doctoral training program, which affords the comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these guidelines.



January 2004 annual meeting for District I, left-to-right: Robin H. Campassi, D.M.D., A. Roddy Scarbrough, D.M.D., Eleanor A. Gill, D.M.D., Thurmond Beasley, D.D.S., Ms. Connie Lane, and Michael B. Ellis, D.M.D.

6. **Facilities Wherein Anesthesia Is Administered**

- a. All facilities wherein any anesthesia is administered must be properly equipped for the administration of anesthesia and staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with procedures, problems, and emergencies incident thereto. The adequacy of the facility and competence of the anesthesia team shall be determined by the Board.

- b. The Board adopts the standards regarding the equipment within a facility as set forth by the American Association of Oral and Maxillofacial Surgeons (hereinafter referred to as "AAOMS") in the Office Anesthesia Evaluation Manual, latest edition, as the standards by which each dentist administering enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia must meet. Certification of offices by AAOMS as meeting the standards adopted constitutes a prima facie showing that the dentist meets the standards. Copies of the Office Anesthesia Evaluation Manual are available from AAOMS at 9700 West Bryn Mawr Avenue, Rosemont, IL 60018-5701.

- c. Any dentist administering enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia at a facility other than that dentist's own office or facility must ensure that the proper equipment and personnel as required above are present.

7. **Site Visits and Periodic Inspections Pertaining to Enteral Conscious Sedation, Parenteral Conscious Sedation, and/or General Anesthesia Permits**

- a. Prior to the issuance of such permits the Board shall conduct an on-site inspection of the

facility, equipment, and personnel to determine if, in fact, the aforementioned requirements have been met. This evaluation shall be carried out in a manner prescribed by the Board, and the cost thereof shall be included in the anesthesia permit application fee. Evaluations shall be performed by a minimum of two (2) qualified experts, as determined by the Board.

- b. Any missing or malfunctioning equipment shall be called to the attention of the applicant, and a permit shall not be issued until the Board's experts determine that all equipment is available and properly functioning. If the results of the initial evaluation are deemed unsatisfactory, the applicant may request another review.
- c. All facilities wherein enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia may be administered shall be inspected at least once every five (5) years beginning from the date of the initial permit, as designated by the Board, to ensure that all equipment is of the appropriate type and in good working order. The Board also shall have the discretion to inspect any facility at any time for good cause. Any permitted dentist with missing or malfunctioning equipment shall cease administering anesthesia until his/her facility has been properly equipped with the required equipment or until such malfunctioning equipment has been satisfactorily repaired and until such time as the Board is in receipt of proof that the equipment has been repaired to the Board's satisfaction.

8. Advanced Cardiac Life Support and Cardiopulmonary Resuscitation

- a. Any dentist using enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia shall at all times be ACLS certified or hold a certificate from a Board-approved course, and his/her auxiliary personnel must meet the requirements for Cardiopulmonary Resuscitation (hereinafter referred to as "CPR") as set forth in Board Regulation 45.
- b. A dentist utilizing nitrous-oxide inhalation anxiolysis and his/her auxiliary personnel must meet the requirements for CPR as set forth in Board Regulation 45.

9. Renewal of Enteral Conscious Sedation, Parenteral Conscious Sedation, and/or General Anesthesia Permits

- a. Any dentist holding a permit of authorization issued by the Board shall be subject to review, and such permit must be renewed at the same time as the dentist renews his/her Mississippi dental license.
- b. The Board shall, in accordance with its laws, rules, and regulations, together with the appropriate and required information and renewal fee, renew the enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia permit, unless the holder is informed in writing that a re-evaluation of credentials and/or facilities is to be required. In determining whether such re-evaluation is necessary, the Board shall consider such factors as it deems pertinent, including, but not limited to, patient complaints and reports of adverse occurrences.
- c. At the time the dentist renews his/her enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia permit, he/she shall submit proof of current ACLS certification

and current CPR certification for all dental auxiliaries who have direct patient care responsibilities.

- d. Certification cards issued by the Board upon renewal of anesthesia permits shall indicate the date wherein the required periodic five (5) year inspection is due to be performed by the Board.

10. Permit Fees

For the purpose of determining permit fees only, the fees for enteral conscious sedation and/or parenteral conscious sedation permits shall be deemed to be equivalent to those as set forth in Miss. Code Ann. § 73-9-43 and Board Regulation 37 for general anesthesia permits.

11. Penalties for Non-Compliance

Violating the provisions of this regulation shall subject the dentist to disciplinary action, after a hearing, as provided by the Mississippi laws pertaining to the practice of dentistry.

Regulation Twenty-Nine adopted by the Mississippi State Board of Dental Examiners June 4, 1987; amended May 4, 1990; amended September 25, 1992; amended December 4, 1992; amended December 8, 1995; amended February 9, 1996; amended July 21, 2000; amended December 7, 2001; amended March 5, 2004.

THINGS TO NOTE



- K At its meeting on November 21, 2003, the Board reiterated its position that licensed Mississippi dentists **MAY** prescribe any and all products to assist their patients with smoking cessation.
- K At its meeting on June 25, 2004, the Board was requested to issue its position regarding creation of a national uniform clinical licensure examination. The Board issued the following position statement:
The Mississippi State Board of Dental Examiners supports the development of national dental and dental hygiene clinical licensure examinations by the American Association of Dental Examiners; however, the Board reserves the right to accept or reject these licensure examinations at any point during the developmental process through and including the final product. Furthermore, the Board also directed that it should have active participation in all developmental phases of the national licensure examinations.
- K The continuing education period runs from September 1 through August 31 of the subsequent year. For the two-year reporting period, dentists are required to obtain 40 hours, and dental hygienists are required to obtain 20 hours. All continuing education **MUST** be approved by any one or more of the organizations listed in sections 2 and 3 of Board Regulation 41 **PRIOR** to the licensee attending the course. These organizations include the American Dental Association, Academy of General Dentistry, National Dental Association, Mississippi Dental Association, Mississippi Dental Society, American Dental Hygienists' Association, and Mississippi Dental Hygienists' Association. Also, the Board may approve course offerings on a course-by-course basis, and this approval, as well,

MUST be obtained in advance of the licensee attending the course.

- K At its August 6, 2004 meeting, the Board will consider amending Board Regulation 41 to allow a limited amount of computer-based, home study, and correspondence courses for continuing education credit. Look for news as to this amendment in upcoming editions of The Dental Digest and on the Board's web site (<http://www.msbde.state.ms.us>).
- K All advertisements **MUST** contain the full name and degree of the dentist(s) providing services. Also, if any services are listed in the advertisement, the advertisement shall state either "general practice," "general dentistry," or the American Dental Association recognized specialty for which the individual has been issued a Mississippi specialty license. The word "family" may be substituted for the word "general."
- K Advertising that references a fee or fees, or a service for no fee, **MUST** clearly define the professional service being offered in the advertisement. Such advertised offers shall be presumed to include everything ordinarily required for such a service. No additional fees may be charged unless the advertisement includes the following disclaimer: **"Additional fees may be incurred in individual cases."**
- K If a dentist advertises under any name other than his/her own name and degree, i.e., a corporate/trade name, that corporate/trade name **MUST** be approved by the Board prior to any such advertising. Also, as previously noted, the dentist **MUST** ensure the advertisement contains his/her full name and degree.
- K For licensed Mississippi dentists and dental hygienists to remain on "active" status, the licensees **MUST** fulfill all continuing education requirements and **MUST** at all times be current in CPR or ACLS. ACLS is required for dentists with anesthesia permits.
- K All dental auxiliaries with direct patient care responsibilities **MUST** ensure they are currently certified in CPR at all times. This certification **MUST** not lapse for any reason whatsoever. Also, these auxiliaries **MUST** be certified in CPR within 180 days from the date of employment.
- K The following determinations have been made by the Board regarding appropriate procedures performed by dental auxiliaries.
- (Licensed Mississippi dental hygienists and dental assistants **MAY** use the Kavo Diagnost under the direct supervision of a licensed Mississippi dentist.
 - (Licensed Mississippi dental hygienists and dental assistants **MAY NOT** perform brush biopsies.
- K Pursuant to Board Regulation 13, dental auxiliaries are, at all times, under the direct supervision of a licensed Mississippi dentist and **MUST NOT** perform patient-based procedures unless the licensed Mississippi dentist is physically present in the office where these procedures are being performed. If the licensed Mississippi dentist is running late getting to the office or is away from the office running errands, absolutely no patient procedures must be performed by dental auxiliaries until the dentist has returned to the office. Direct supervision has been defined as:
- A dentist is in the dental office or treatment facility, has personally diagnosed the condition to be treated, authorizes the procedures and remains in the dental office or treatment facility while the procedures are

being performed by the auxiliary, and will evaluate the performance of the dental auxiliary.

- K Please remember that a dentist **MAY NOT** refuse to give a patient his/her records upon request if the patient owes a balance for services rendered. The American Dental Association Code of Ethics and Board Regulation 53 prohibit this. Many telephone calls from potential complainants involve this very issue, and the Board tries to mediate whenever possible.
- K **Annual renewal is just around the corner!** Renewal notices will be mailed the last week of August for the 2004-2005 renewal period. Renewal occurs September 1 through October 31, followed by a two-month penalty phase. Furthermore, all licenses/permits not renewed on or before December 31 will be voided on January 1, 2005 for a failure to re-register.
- K Don't forget to immediately submit all name, address, employer, etc., changes to the Board either via United States Postal Service, facsimile, or our web site. Also, you may send the Board an e-mail, or you may use the change of information form on the Board's web site to inform the Board of any changed information.

REGULATION 29 Q & A



As previously discussed in the section entitled "Regulation Highlight," at its March 5, 2004 meeting the Board adopted substantial amendments to Board Regulation 29 regarding administration of anesthesia. The following questions and answers are not all-inclusive and should not be interpreted as a substitute for a thorough reading of Board Regulation 29. However, the Board does feel the following questions and answers will assist licensed dentists in familiarizing themselves with many amendments made to Board Regulation 29. Please refer to the full reprint of Board Regulation 29 at the beginning of this newsletter, or you can visit the Board's web site (<http://www.msbde.state.ms.us>) for additional information regarding this most important regulation.

Q. When do the amendments to Board Regulation 29 take effect?

A. Regulation 29 was amended at the Board's March 5, 2004 meeting and filed with the Mississippi Secretary of State thereafter. All filings become final 60 days after the initial submission; therefore, the amendments were effective approximately May 11, 2004. However, to allow dental licensees sufficient time to become aware of the new permit requirement and to submit the required application and supporting documentation, the Board has established **January 1, 2005** as the date for full implementation to ensure compliance for anyone administering enteral conscious sedation, as has been defined in the regulation.

Q. What does the Board consider as one of the most important amendments to Regulation 29?

A. One of the most important amendments is the differentiation between combination inhalation enteral anxiolysis and enteral conscious sedation. Combination inhalation enteral anxiolysis is the use of N₂O₂ (nitrous-oxide and oxygen) in combination with oral medications and within the appropriate dosages,

wherein no permit is required, and enteral conscious sedation where multiple dosages are used, wherein a permit is required. Also, all levels of anesthesia not requiring permits have anxiolysis substituted for conscious sedation.

Q. What happened to the Intravenous or Parenteral (IV) Conscious Sedation Permit?

A. It has been renamed to Parenteral Conscious Sedation Permit. This clarifies the term "parenteral," which means I.V., I.M., S.C., submucosal, intranasal, and transdermal. Dentists holding valid Mississippi Parenteral Conscious Sedation Permits also may administer enteral conscious sedation in accordance with the provisions of Board Regulation 29.

Q. Can I use a drug in a dosage for a purpose that is not on the package insert or Food and Drug Administration (FDA) labeling?

A. Yes. Licensed Mississippi dentists may utilize drugs in accordance with the drug manufacturer's guidelines as set forth in FDA-approved labeling or peer-reviewed scientific literature, including, but not limited to, indications of usage, dosage amounts, and safety requirements for each drug so utilized.



February 2004 annual meeting for District V, left-to-right: Robert T. Watts, Jr., D.M.D., Alvin L. Felts, Jr., D.D.S., Ms. Leah Diane Howell, Michael B. Ellis, D.M.D., and A. Roddy Scarbrough, D.M.D.

Q. What is an Enteral Conscious Sedation Permit?

A. This is a permit for sedation that is achieved by administration of pharmacological agents through the alimentary tract, either orally or rectally, for conscious sedation administered primarily for behavioral management.

Q. Is Advanced Cardiac Life Support (ACLS) required for an Enteral Conscious Sedation Permit?

A. Yes. An applicant applying for any kind of Mississippi anesthesia permit is required to produce evidence of a current ACLS certificate; however, Pediatric Advanced Life Support (PALS) or a certificate from a Board-approved course also may be used to fulfill the ACLS requirement.

Q. Is the course offered by the Dental Organization for Conscious Sedation (DOCS) considered as an approved course to fulfill the requirements for an Enteral Conscious Sedation Permit?

A. Yes as currently offered, but any course must be approved by the Board. The licensee must complete more than just the first session offered by DOCS. The minimum number of didactic hours must be 60, and the minimum number of patient cases must be 10. Also, the training program must include physical evaluation, enteral conscious sedation, airway management monitoring, and emergency management.

Q. What equipment must I have to administer enteral conscious sedation and pass the required site visit?

A. The Board's Enteral Conscious Sedation Permit Site Visit Form is on the Board's web site (<http://www.msbde.state.ms.us>) in the section entitled "Applications and Forms." Many of the same equipment and drugs are required to administer enteral conscious sedation as are required for general anesthesia and parenteral conscious sedation, and you should thoroughly familiarize yourself with the required equipment, supplies, drugs, and written documentation. Also, feel free to contact the Board's office to have the site visit form faxed or mailed to you.

Q. If I prescribe Valium, or another sedative agent, for a patient to take before bed time the night before treatment and before the actual dental appointment, is that considered multiple dosing, thereby requiring an Enteral Conscious Sedation Permit?

A. No. An Enteral Conscious Sedation Permit is required whenever a licensed dentist utilizes inhalation agents and/or multiple doses of oral medications attempting to achieve a level of sedation beyond anxiolysis.

Q. Does my staff require additional training for me to hold an Enteral Conscious Sedation Permit?

A. Yes. All dental auxiliaries having direct patient care responsibilities are required to be current in CPR at all times. However, dental auxiliaries in offices wherein any anesthesia requiring a permit is administered also must be trained to reasonably assist the dentist with procedures, problems, and emergencies.

Q. How often do I need to take a refresher course for an Enteral Conscious Sedation Permit?

A. Licensed Mississippi dentists holding Mississippi anesthesia permits must provide proof during annual renewal that they are current in ACLS or PALS, or have a certificate from a Board-approved anesthesia

review course. There is no specific mandate requiring refresher courses; however, the Board recommends that dentists holding Mississippi anesthesia permits avail themselves of the appropriate continuing education to ensure their patients' safety and welfare.

Q. Are there any drugs that cannot be used for enteral conscious sedation?

A. No. All drugs should be label specific or in peer-reviewed literature.

Q. Are there any drugs that cannot be used in combination with N₂O₂ for anxiolysis purposes?

A. Yes. As previously noted, all drugs should be label specific or in peer-reviewed literature.

Q. What if I have already have been administering conscious sedation, am I still required to obtain an Enteral Conscious Sedation Permit?

A. Yes. You are covered under the "grand-fathering clause," wherein, in addition to successfully completing a Board site visit, you will be required to demonstrate 5 or more years of routinely administering enteral conscious sedation immediately prior to making application for an Enteral Conscious Sedation Permit; discuss and review 3 cases, including anesthetic technique; complete a Board review of patient records; and demonstrate how you manage emergencies. You have until **January 1, 2005** to submit the appropriate application and documentation for an Enteral Conscious Sedation Permit.

Q. Can I have a licensed Mississippi dentist currently holding a valid Mississippi anesthesia permit come to my office and sedate my patients for me to treat?

A. Yes. However, the licensed Mississippi dentist administering enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia at a facility other than that dentist's own office or facility must ensure that the proper equipment and personnel are present, e.g., the office must be staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with procedures, problems, and emergencies incident thereto.

Q. If a licensed Mississippi dentist holding a valid Mississippi anesthesia permit can sedate my patients for me, do I have to hold a similar permit, and/or do I have to pass a site visit from the Board?

A. No. You do not have to hold a valid Mississippi anesthesia permit, and you do not have to first pass a site visit from the Board. However, you must ensure that your office is properly equipped in both equipment, supplies, and personnel, as is required by Regulation 29.

Q. If a CRNA sedates my patients for me, what kind of training must I have?

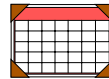
A. When a CRNA administers anesthesia under the supervision of a licensed Mississippi dentist, the dentist must have completed the appropriate training in enteral conscious sedation, parenteral conscious sedation, and/or general anesthesia.

Q. Is an AED required if I use Combination Inhalation Enteral Anxiolysis?

A. No.

Q. Once I have been issued a Mississippi anesthesia permit, will I be subject to periodic site visits from the Board?

A. Yes. Prior to the recent amendments to Board Regulation 29, there was no provision for periodic site visits. Now, all facilities wherein anesthesia requiring permits is administered shall be inspected at least once every 5 years beginning with the permit issue date, or as designated by the Board, to ensure all equipment is appropriate and in good working order.



NOTEWORTHY DATES

As the Mississippi State Board of Dental Examiners is a legislatively-mandated regulatory agency, its meetings are open to the public. However, due to the confidential and/or sensitive nature of certain aspects of the Board's business, the Board may vote to go into "Executive Session." Also, no items will be added to the agenda of any Board meeting as of one week prior to the date of that meeting. All meetings are held at Suite 100, 600 East Amite Street, Jackson, Mississippi; however, please call the office prior to any meeting to verify the correct date and time. You also may check the Board's web site (<http://www.msbde.state.ms.us>) to verify Board meeting and other dates by clicking the "Important Dates" button. The following are dates for the 2005 licensure examinations and for Board meetings:

September 10, 2004

November 19, 2004

January 7, 2005

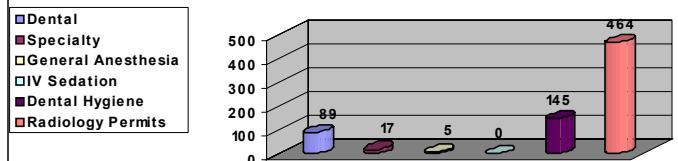
June 7-9, 2005 (Dental Examination)

June 10, 2005 (Dental Hygiene Examination)

August 12, 2005 (Re-Take Examination Only)

Please visit the Board's web site to familiarize yourself with upcoming dates for Board-approved radiology permit seminars. Seminars are offered through Gulf Coast Community College, Hinds Community College, Louisiana State University, Meridian Community College, Northeast Mississippi Community College, and Pearl River Community College. Remember that no one, other than a currently licensed Mississippi dentist or dental hygienist, may administer radiographs in the dental office without first obtaining a radiology permit from the Board.

**Licenses and Permits Issued
07/01/2002 through 06/30/2004**



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February 2004 annual meeting for District III, left-to-right: Artis E. Knight, D.D.S., William Mark Donald, D.M.D., Michael B. Ellis, D.M.D., Melinda G. Lucas, D.M.D., A. Roddy Scarbrough, D.M.D., and James R. Hupp, D.M.D.



February 2004 annual meeting for District II, left-to-right: Eleanor A. Gill, D.M.D., A. Roddy Scarbrough, D.M.D., Robin H. Campassi, D.M.D., Michael B. Ellis, D.M.D., and Charles G. Purifoy, D.D.S.

DISCIPLINARY ACTIONS

The following report on disciplinary actions covers the period July 1, 2003 through June 30, 2004. According to State law, investigations by the Board are confidential until official action is taken. The following is merely a summary of each disciplinary action taken and should not be interpreted as a complete statement of all facts and matters involved in each docket. Also, the Board typically includes several provisions in its orders which may not be summarized here. Although great care has been taken to ensure accuracy of the information provided hereafter, inadvertent errors may appear, and no entity should initiate an adverse action against a dentist, dental hygienist, or radiology permit holder based solely on the following information. Rather, the reader should request a copy of the Board's order (\$5.00 per copy) prior to making any decisions affecting licensees.

Further, it should be noted that the names of persons herein provided may be similar to the names of persons who have not had disciplinary actions or corrective measures taken by the Board. A Consent Order is a negotiation between the Board and the licensee and is a procedure for resolution of a disciplinary action without the necessity of a formal hearing, and a voluntary surrender of a license has the same effect as a full revocation.

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THIS INFORMATION HAS BEEN REMOVED FROM THE
WEB VERSION OF THIS NEWSLETTER. ANYONE
DESIRING INFORMATION ON DISCIPLINARY ACTIONS
SHOULD CONTACT THE BOARD OFFICE BY E-MAIL,
TELEPHONE, FACSIMILE, OR REGULAR MAIL.



MSBDE NEWSLETTER

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CHANGE OF ADDRESS NOTIFICATION

Pursuant to Miss. Code Ann. § 73-9-19, every licensed dentist and dental hygienist "shall immediately keep the board advised of any change in address of his office or residence." Additionally, Board Regulation 25, 4.a., stipulates that "[e]very person holding a radiology permit shall promptly keep the Board advised of any change of mailing address." Therefore, if you have changed your employer, home, business, mailing, or satellite address/telephone, please use this form to notify the MSBDE of such. Otherwise, keep this form in your files should you need to notify the MSBDE of a future change of information. You may cut along the dotted line, affix a postage stamp to the reverse side of this form, and mail it directly to the Mississippi State Board of Dental Examiners. If you wish, you may send this form via facsimile to (601)944-9624, or you may e-mail any changes via the Board's web site (<http://www.msbde.state.ms.us>). Please call (601)944-9622 if you have any questions.

Full Name: _____ MS License No.: _____

Old Address: _____

New Address: _____

Telephone: _____ Effective Date of Change: _____

Employer: _____

Type of Change: ☐ Home Address ☐ Office Address ☐ Mailing Address ☐ Satellite Address